

4/4/78

SUBJ: MEDICAL REPORTING REQUIREMENTS

1. PURPOSE. This order prescribes revised medical reporting requirements and instructions for preparation and submission of prescribed forms.
2. DISTRIBUTION. This order is distributed to director level in Washington except in the Office of Aviation Medicine, where it is distributed to branch level. This order also is distributed to director level in regions and centers; to regional Aviation Medical divisions; to branch level in the Civil Aeromedical Institute at the Aeronautical Center and to the Medical Staff at NAFEC. Minimum distribution (medical offices only) is made to air route traffic control centers.
3. CANCELLATION. Order 9000.1A, Medical Report Requirements, dated 28 January 71 and Order AM 1380.1, Review of Regional Flight Surgeon Activity Report (FAA Form 1380-9), dated 4/14/70 are canceled. Clinic Activity Report, FAA Form 1380-7 (8-66) also is canceled.
4. REPORTS. The reports required by the Office of Aviation Medicine are prescribed in Appendix 1.
5. FORMS. Form FAA 1380-9, Flight Surgeon Activity Report (NSN 6052-60-666-7002, issue sets) is available through usual procurement channels. An initial distribution has been made to regional aviation medical divisions.
6. FAA FORM 1380-9, FLIGHT SURGEON ACTIVITY REPORT (RIS: AM 1380- 1). All medical offices shall submit this report through regional medical divisions. Regional medical divisions shall prepare a report of regional office activities, then combine all individual reports into a consolidated report. The consolidated, as well as individual reports, shall be submitted to the Office of Aviation Medicine (AAM) as prescribed in Appendix 1. The report form and instructions are shown in Appendix 2.
7. SUMMARY OF GRANTS OF EXEMPTION (RIS: AM 9000- 8). The Aeromedical Certification Branch, AAC-130, shall prepare this annual memorandum report which provides the cumulative status of all grants of exemptions.

Distribution: WRNC-1 (except AM); WAM-3
RAM-2; CAM-3; ANA-6-(1 cy)
FAT-1 (minimum)

Initiated By: AAM-12

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9000.1B

8. ATCS HEALTH PROGRAM REPORT (RIS: AM 9000-9.) Regional medical divisions shall consolidate and submit this report, marked for OFFICIAL USE ONLY, direct to Aeromedical Services Division, AAM-400. The report shall include the following information as illustrated in Appendix 3:

- a. Name
- b. SSAN
- c. DOB (MM/DD/YY)
- d. Duty Station
- e. Diagnosis
- f. Consultations (Indicate Specialty)
- g. Special Consideration (Yes or No)
- h. Medical Determination (Qualified, Disqualified, Pending)

Each case shall be reported during the month in which medical action is initiated. If the case is completed during that month, the final determination shall be recorded, and no further report will be required. If a case is not completed during that month, it shall be listed as "pending," and shall be reported again when the final determination has been made.

Preparation, transmission and handling of this report and related material shall be accomplished in accordance with Chapter 5 "Security," Order 1350.22, Protecting the Privacy of Information About Individuals, and Order 1600.15D, Control and Protection of FOR OFFICIAL USE ONLY information.

9. ATCS MEDICAL EXAMINATION DATA (RIS: AM 9000-10). The Aeromedical Certification Branch shall prepare this annual report containing data on ATCSs examined under the ATCS Health Program during the previous calendar year.

10. REVIEW. Upon receipt of the Flight Surgeon Activity Report, each division chief and staff head shall:

- a. Review data relating to the functional area of responsibility as well as the narrative section of the report.
- b. Initiate follow-up and corrective action with the Regional Flight Surgeon as required.
- c. Advise the Federal Air Surgeon of action taken; or when indicated prepare the recommended action for the decision of the Federal Air Surgeon.


H. L. REICHARD, M. D.
Federal Air Surgeon

MEDICAL REPORT REQUIREMENTS

Report Title	Format	Frequency	Due Date	Preparing Activity	
Flight Surgeon Activity Report (RIS: AM 1380-1)	FAA Form 1380-9	Monthly	Tenth Workday	All Medical Offices	
Summary of Grants of Exemption (RIS: AM 9000-8)	Memorandum	Annual	Tenth Workday in Feb.	AAC-130	
Air Traffic Control Specialist Health Pro- gram Report (RIS: AM 9000-9)	Memorandum	Monthly	Tenth Workday	Regional Medical Division	
Air Traffic Control Specialist Examination Data (RIS: AM 9000-10)	Computer Run	Annual	Tenth Workday in Feb.	AAC-132	

FIGURE 1. - SAMPLE FAA FORM 1380-9

FLIGHT SURGEON ACTIVITY REPORT		RIS: AM 1380-1			
		REGION/CENTER ASO/Hampton	MONTH AND YEAR May 1978		
PART I - CERTIFICATION PROGRAM					
A. CASELOAD TOTAL	230	B. CASE COMPLETION TOTAL	210		
1. PENDING PREVIOUS MONTH	27	1. CERTIFICATES DENIED	58		
2. FROM ACB	100	2. CERTIFICATES ISSUED/APPROVED	140		
3. FROM AME	100	a. Limited	100		
4. OTHER ACTIONS (Specify)	3	b. Unlimited	20		
		c. SDA	20		
		3. SUMMARIES FOR FAS CONSIDERATION	10		
C. CASES PENDING TOTAL	20	4. OTHER ACTIONS (Specify)	2		
		1 Security Investigation; 1 XXXX			
D. NARRATIVE					
PART II - ACCIDENT INVESTIGATION PROGRAM					
ACCIDENT INVESTIGATION	FATAL		NON-FATAL		TOTAL
	AIR CARRIER	GENERAL AVIATION	AIR CARRIER	GENERAL AVIATION	
A. ON SITE INVESTIGATIONS	2	2	1	2	6
1. RFS/ARFS	1	1	1	1	4
2. AME	0	1	0	1	2
B. AUTOPSIES OBTAINED	16	2			18
1. PILOT	2	1			3
2. OTHERS	14	1			15
C. TOXICOLOGIES OBTAINED	25	5			32
1. PILOT	2	4	1	0	7
2. OTHERS	23	1	0	1	25
D. COST TOTAL					\$ 6,200.00
E. NARRATIVE					
XXX Airline Accident, 4/28/78, Atlanta, Report to follow; note unusual toxicologic findings.					
PART III - ATCS HEALTH PROGRAM					
CASELOAD	TOWER/CENTER (Option)	FSS	APPLICANT	TOTAL	
A. CASELOAD TOTAL	450	50	300	800	
1. PENDING PREVIOUS MONTH	20	3	7	30	
2. EXAMINATIONS CONDUCTED	258	177	340	775	
a. Inhouse	150	150	260	560	
b. AME	100	25	75	200	
c. Other Federal Facility	3	2	5	10	
B. SPECIAL ACTIONS TOTAL	50	5	5	55	
1. CONSULTATIONS	40	4	4	44	
2. COUNSELING	10	1	1	11	
C. CASE COMPLETION TOTAL	400	50	200	450	
1. QUALIFIED	300	35	150	485	
2. QUALIFIED, SPECIAL CONSIDERATION	10	5	-	15	
3. DISQUALIFIED	70	10	50	130	
4. DISQUALIFICATION RECOMMENDED	20	-	-	20	
D. CASE PENDING TOTAL	50	0	100	150	
E. NARRATIVE					
SAMPLE					

FIGURE 1. - SAMPLE FAA FORM 1380-9

PART IV - OCCUPATIONAL HEALTH PROGRAM		
A. CLINIC VISITS TOTAL 78 <small>(Excluding items D & E below)</small> 1. FAA PERSONNEL 75 2. OTHER FEDERAL PERSONNEL 2 3. OTHER (Specify) first aid to nongov't visitor to building 1 C. CLINICAL/LABORATORY PROCEDURES TOTAL 78 1. X-RAY 10 2. URINALYSIS 20 3. BLOOD CHEMISTRY 20 4. 2-HR. POST-PRANDIAL 8 a. Resting 18 b. Stress 2 5. EKG 20 6. OTHER (Specify)	B. TREATMENTS TOTAL (Excluding items D & E below) 168 1. EYE 81 2. DENT 2 3. RESPIRATORY 3 4. CARDIOVASCULAR 4 5. DIGESTIVE 5 6. ENDOCRINE 6 7. SKELETAL 7 8. PSYCHIATRIC 6 9. NEUROLOGICAL 19 10. INDUSTRIAL INJURY 10 11. OTHER INJURY 11 12. ALLERGY 12 13. OTHER (Specify) 1 obstetric D. IMMUNIZATIONS TOTAL 200 1. SMALL POX 2 2. INFLUENZA 195 3. POLIOMYELITIS 1 4. TYPHOID 1 5. TETANUS 3 6. OTHER (Specify) E. PHYSICAL EXAMINATIONS TOTAL 40 1. PILOTS (Non-AIKOS) 20 2. EXECUTIVES 3 3. MOTOR VEHICLE OPERATORS 2 4. EMPLOYEE HEALTH 10 5. OTHER FEDERAL EMPLOYEES 5 6. OTHER (Specify)	
F. SUPPLEMENTAL PROGRAMS		
1. BLOOD DONOR PROGRAM 108 2. HEALTH COUNSEL-ING 60	3. HEALTH SCREENING PROGRAM TOTAL 138 a. AUDIOMETRY b. CANCER c. DIABETES 50 d. GLAUCOMA e. HYPERTENSION 68 f. VISION 20 g. OTHER (Specify)	
4. EDUCATION PROGRAM TOTAL (Briefly describe in G below) 150 a. FILMS 150 b. LECTURES c. PUBLICATIONS d. OTHER		
G. NARRATIVE		
PART V - AME PROGRAM		
A. DESIGNATIONS 6 B. NON-DESIGNATIONS - C. INITIAL VISITATIONS 4	D. REPEAT VISITATIONS 16 E. EVALUATION (How's) 2 F. SEMINAR PARTICIPATION 2	
PART VI - MISCELLANEOUS ACTIVITIES		
PART VII - NARRATIVE		
SIGNATURE 	TITLE Assistant Regional Flight Surgeon	ROUTING SYMBOL ASO-XXX
		DATE XXX

FIGURE 2. - INSTRUCTIONS, FAA FORM 1380-9**PART I - CERTIFICATION PROGRAM**

<u>Line</u>	<u>Instruction</u>
A	Sum of Lines 1 through 4.
A2	Number of cases received from Aeromedical Certification Branch, AAC-130, for action resulting in certification.
A3	Number of Forms FAA 8500-8 received from Aviation Medical Examiners.
A4	Describe any other workload items not in categories A1,2 or 3 (e.g., security investigations, medical flight test authorization).
B	Sum of Lines 1 through 4.
B2	Sum of Lines a,b,c.
B3	Cases forwarded for AAM consideration without a certification action taken.
B4	Describe any other workload completed, not in categories B1,2 or 3.
C	Sum of A minus B.
D	Provide information of special interest to OAM.

PART II - ACCIDENT INVESTIGATION PROGRAM

<u>Line</u>	<u>Instruction</u>
A	Number of on-the-scene investigations, by source.
B	Self-explanatory; report in month results are received.
C	Self-explanatory; report in month results are received.
D	Report all expenses, excluding PCB, incurred in conduct of investigations; report in month invoices are processed.

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FIGURE 2. - INSTRUCTIONS. FAA FORM 1380-9

PART III - HEALTH PROGRAM

<u>Item</u>	<u>Instruction</u>
A	Sum of Lines 1 and 2.
A1,2	Self-explanatory.
B	Sum of Lines 1 and 2.
B1	Number of cases referred to consultant physicians or for ancillary followup.
B2	Number of ATCSs counseled.
C	Sum of Lines 1 through 4.
C2	Number of cases in which special consideration is given when retention requirements are not met.
C4	Number of cases developed by ARFS for RFS disqualification action.
D	Sum of A minus C.

PART IV - OCCUPATIONAL HEALTH PROGRAM

(all ATCS data reportable only in Part III)

<u>Line</u>	<u>Instruction</u>
A, A1, D	Self-explanatory.
C	All procedures, including examination-related.
E	ATCS/Pilot examinations shall be reported in Part III.
F1	Number of donors, if involved in program.
F2	Number of visitors or group participants seen for counseling.
F3	Number of participants.
F4	Describe, including type and number of audience (employee groups only).

PART V - AME PROGRAM

<u>Line</u>	<u>Instruction</u>
G	Number of actions accomplished.

FIGURE 2. - INSTRUCTIONS, FAA FORM 1380-9

- C** Number of visits to candidate or recently-appointed ~~AMES~~.
- D** Number of ~~followup~~ visits to continuing AMES.
- E** Number of employee-hours expended for evaluation of ~~AMES~~, including quarterly review.
- F** Number of medical program personnel (not ~~AMES~~) attending seminars.

PART VI - MISCELLANEOUS ACTIVITY

Describe (including name, date, location, and highlights) participation in **NTSB** hearings, meetings, training, etc.

PART VII - NARRATIVE

Comment on other items of special interest to **OAM** not reflected in Parts I through VI, including new staff, major equipment purchases, etc.

RIS: AM-9000-09
REGION/CENTER MONTH/YEAR

AIR TRAFFIC CONTROLLER HEALTH PROGRAM REPORT.
(Special Consideration/Disqualification)

<u>NAME</u>	<u>DOB</u>	<u>SSAN</u>	<u>DUTY</u> <u>STATION</u>	<u>DIAGNOSIS</u>	<u>CONSULTATION</u>	<u>SPECIAL</u> <u>CONSIDERATION</u>	<u>MEDICAL</u> <u>DETERMINATION</u>
XXXX XXXX XX-XX-XX XXX-XX-XXXX XXXX			Center	Myocardial Infarction	Int. Med.	No	Disqualified
XXXX XXXX XX-XX-XX XXX-XX-XXXX			Applicant	Visual Defect	None	No	Disqualified'
XXXX XXXX XX- XX-XX XXX-XX-XXXX XXXX			Tower	Diabetes	Int. Med.	Yes	Qualified
XXXX XXXX XX-XX-XX XXX-XX-XXXX XXX			FSS	Hypertension	Int. Med.	No	Qualified

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Public Availability to ~~be Determined~~
Under 5 U.S.C. 522.

RIS: AM-9000-09
REGION/CENTER MONTH/YEAR

AIR TRAFFIC CONTROLLER HEALTH PROGRAM REPORT.
(Special Consideration/Disqualification)

<u>NAME</u>	<u>DOB</u>	<u>SSAN</u>	<u>DUTY</u> <u>STATION</u>	<u>DIAGNOSIS</u>	<u>CONSULTATION</u>	<u>SPECIAL</u> <u>CONSIDERATION</u>	<u>MEDICAL</u> <u>DETERMINATION</u>
XXXX XXXX XX-XX-XX XXX-XX-XXXX XXXX			Center	Myocardial Infarction	Int. Med.	No	Disqualified
XXXX XXXX XX-XX-XX XXX-XX-XXXX			Applicant	Visual Defect	None	No	Disqualified'
XXXX XXXX XX- XX-XX XXX-XX-XXXX XXXX			Tower	Diabetes	Int. Med.	Yes	Qualified
XXXX XXXX XX-XX-XX XXX-XX-XXXX XXX			FSS	Hypertension	Int. Med.	No	Qualified

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